

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004044

Entity Name: OKLAHOMA TRIPLE S, INC.

FILED  
Apr 21, 2011  
Secretary of State

**Current Principal Place of Business:**

3301 N.W. 150TH STREET  
TAX DEPARTMENT - ANNEX 13  
OKLAHOMA CITY, OK 73134

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 268859  
TAX DEPARTMENT - ANNEX 13  
OKLAHOMA CITY, OK 73126

**New Mailing Address:**

FEI Number: 73-1415116      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GIBNEY, ROBERT  
Address: 3301 N.W. 150TH STREET  
City-St-Zip: OKLAHOMA CITY, OK 73134

Title: VPSD  
Name: FOSTER, MICHAEL J  
Address: 3301 N.W. 150TH STREET  
City-St-Zip: OKLAHOMA CITY, OK 73134

Title: TD  
Name: SMITH, MICHAEL A  
Address: 3301 N.W. 150TH STREET  
City-St-Zip: OKLAHOMA CITY, OK 73134

Title: AS  
Name: PAQUE, MATTHEW A  
Address: 3301 N.W. 150TH STREET  
City-St-Zip: OKLAHOMA CITY, OK 73134

Title: D  
Name: HATMAKER, JOHN  
Address: 3301 N.W. 150TH STREET  
City-St-Zip: OKLAHOMA CITY, OK 73134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT GIBNEY

P

04/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date